



EMBASSY OF THE UNITED STATES OF AMERICA

DOUGLAS STREET, PORT MORESBY 121 NCD PAPUA NEW GUINEA

675-321-1455 <http://portmoresby.usembassy.gov>

MEDICAL EXAMINATION INSTRUCTIONS

You are required to have a medical examination in connection with your immigrant visa application to the United States. You should, therefore, make an appointment for a medical examination with one of the doctors (listed over). Please bring your passport(s), 3 recent photographs, and your vaccination records. Please first check with the panel physician as to which vaccinations, according to your age group, you are required to have. If you do not speak English fluently, please take an adult interpreter with you.

Each person immigrating, regardless of age, is required to have a medical examination in connection with the immigrant visa application. An X-ray examination for tuberculosis and a serological test are required for each visa applicant who has reached his or her 15th birthday, or will have reached the age of 15 at the time he or she proposes to enter the U.S. Some medical examiners may require these tests of persons younger than 15. The X-Ray must be taken on a film at least 14 x 17 inches and a written report interpreting the film must be obtained.

A blood test for antibodies to the Human Immunodeficiency Virus (HIV) is required as part of your medical examination if you are age fifteen (15) or older. HIV is the virus that causes Acquired Immune Deficiency Syndrome (AIDS). This test is not to diagnose AIDS, but to detect antibodies to the virus. If the result is positive, it does not necessarily mean that you have AIDS or will get it. The results of your test will be provided to a consular officer. Also, it may be necessary to report results to Australian health authorities. A positive test result will mean that you will not be eligible to receive a visa.

In most cases the examining physician will return the completed medical report with the results of the chest X-Ray and blood test directly to you. You must bring the medical examination results with you to your formal visa interview. Unless otherwise indicated by the panel physician or by this office, the X-Ray film is not required on the day of interview but must be taken to the U.S. and retained for your own personal records.

Medical examination results can take up to two weeks to be completed. They can only be conducted by one of the authorized panel physicians listed over the page. No other physician may perform this examination. Medical examinations **cannot** be performed in the U.S. An immigrant visa will not be issued without the results of a full medical examination.

Medical reports are valid for twelve months from the date of examination. If you were examined more than six months prior to the issuance of the visa, the consular officer will limit your visa validity to a period of less than six months. If you cannot arrive in the United States within one year of the date of the medical examination, you must repeat the examination.

All medical fees are to be paid in cash only on the day of the examination. The U.S. government does not pay medical fees. The medical forms will be provided by your chosen panel physician.

LIST OF PANEL PHYSICIANS

PAPUA NEW GUINEA

Dr. Filipi Kapua F&L Kapua Medical Service Limited, Moisana Street, Korobosea
Tel: (675) 325-2300

Dr. Fa Pulotu Ela Medical Center, Ela Beach, NCD, Tel: (675) 320-0585

Dr. Jeff Stout SIL Clinic, PO Box 222, Ukarumpa EHP 444, Tel: (675) 737-4411;
Dr. Helen Doss Fax: (675) 737-4111
Dr. Jean Weir

SOLOMON ISLANDS

Dr. George Manimu In-The-Zone Medical Center, PO Box 456, Honiara, Solomon Islands
Tel: 677) 23482, 26630; Fax: (675) 2750

VANUATU

Dr. Tulimanu Kaiva Port Vila Medical Center, PO Box 704, Port Vila, Vanuatu
Tel: (675) 22826; Fax: (675) 22455

SECTION I: PRINCIPAL APPLICANT TO COMPLETE THIS SECTION

My passport, or other official identification document on which my photograph is attached, contains the following information:

Full name: _____

Passport Number: _____ Date of issue: _____

Place of issue: _____ Nationality: _____

(Applicant's signature - in presence of panel physician) (Date)

SECTION II: TO BE COMPLETED BY PHYSICIAN, X-RAY & BLOOD TEST SUPERVISORS

I am satisfied that the person being examined is the bearer of the passport or other document described above.

Signature of examining panel physician: _____

Signature of X-Ray supervisor: _____

Signature of laboratory technician: _____

9 FAM 42.66 Exhibit II

The applicants must have 3 recent photographs of themselves, with the likenesses confirmed with official documents containing the applicants' photographs. One photo will be presented at the time of the panel physician contact, and will be attached to the front of the **Medical Examination for Immigrant or Refugee Applicant** (DS-2053). The other two will be separately attached to the requests for blood collection, and for Chest X-ray.